Publications from Biomedical Research Conducted in the NASA Ames Research Center Human Research Facility: 1972–1995

J. E. Greenleaf, C. W. DeRoshia, V. L. Reyna, and K. A. Oswald

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Summary

Publications (abstracts, papers, and review articles) resulting from prolonged (> 24 hour) bed-rest projects and short-term (< 24 hour) head-down tilt or bed rest studies conducted on men and women in the Human Research Facility, Life Science Division at Ames Research Center, from 1972 to 1995 are presented herein. These publications report findings from (a) basic research into the mechanism(s) of human short-term adaptation and deconditioning during exposure to short- and long-term bed rest; (b) evaluation of countermeasures for the deleterious effects of both shifted timing of sleep-wake schedules and deconditioning utilizing bed rest as a simulation for spaceflight; and (c) development and evaluation of biomedical equipment and instrumentation for application to astronauts, general clinical medicine, and research.

Citations include mainly those documents that have been published in retrievable form; i.e., containing volume, pages, and year. Thus, some unpublished papers, meeting reports, and abstracts have been omitted.

An author index is provided.

Preface

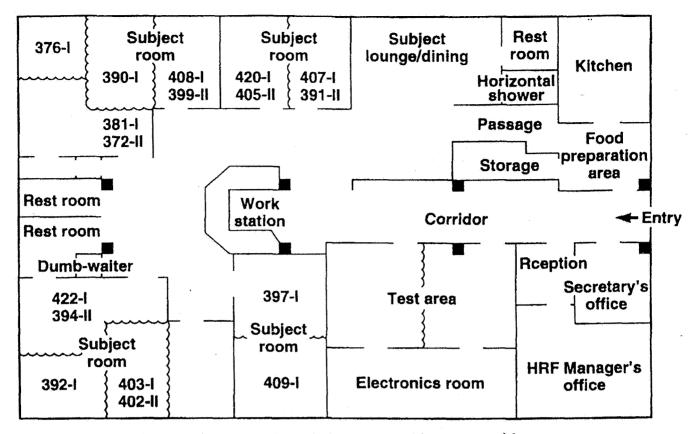
The first prolonged bed rest study (defined as test subjects confined to bed for at least 24 hours) performed at Ames Research Center in 1964 was in support of the Gemini program (162). The subjects were bed-rested in a mobile home parked in the lot adjacent to building N219 which, at that time, housed Electrical Services. Some Life Science laboratories (including mine) were located there while the new Life Sciences building (N239) was being constructed.

In 1969 inquiries were made at local hospitals for use of rooms to conduct bed-rest studies, with no success. Life Science management then requested and received funding to remodel existing space. A large laboratory on the first floor of the Life Sciences Building (N239) was redesigned in 1970; construction was completed while test subjects were undergoing their ambulatory control period for the initial study conducted there in 1971 (157, 169, 170, 220, 277, 278, 309, 311, 313).

After the second study, conducted in 1972 (19, 20, 81, 154, 178, 219, 277, 278, 282, 312, 313), Ms. Dolores (Dee) O'Hara, who had been a nurse for the astronauts at the Manned Spacecraft Center in Houston, arrived to manage these complicated studies in what came to be called the Human Research Facility (HRF) (143). The first bed rest study that utilized women as test subjects was conducted there in 1973 (20, 82, 157, 168, 208, 219, 287, 310, 324, 325, 326, 347, 349). Publication citations (including review papers) resulting from those bed rest projects and other human research studies (including head-down tilt bed rest for less than 24 hours) through 1995 are contained herein.

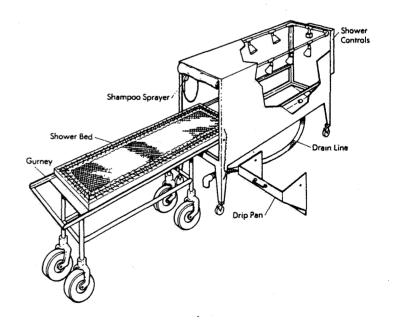
This Memorandum is dedicated to Ms. D. O'Hara for her untiring effort in the supervision and conduct of these many difficult human research studies in support of the manned space program.

J.E. Greenleaf



Human Research Facility plan. Wavy lines indicate moveable room partitions.

The Human Research Facility is a self contained unit that consists of two rooms with 4 beds each, two rooms with 2 beds each, (12 beds), a horizontal shower, a lounge-dining area, a kitchen and food preparation area, a nurses' work station, a physiological testing room, secretary and manager offices, rest rooms with showers for ambulatory subjects, and a dumb-waiter to transport samples to a laboratory above. Subject rooms have general fluorescent lighting, and incandescent lights and color TV sets above each bed controlled by the subjects. Headphones permit individual selection of AM/FM radio. network TV and videocassette TV.



Horizontal shower.

Publications from Biomedical Research Conducted in the NASA Ames Research Center Human Research Facility: 1972–1995

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Modeling of the heart rate response to LBNP in women. Proceedings of the 17th Annual Pittsburgh Conference 17(Part 4):1229-1234, 1986.

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Effect of simulated weightlessness on the postural response of microvascular cutaneous blood flow.

The Physiologist 33(Suppl.):S-54-S-55, 1990. (Abstract)

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Postural responses of head and foot cutaneous microvascular flow and their sensitivity to bed rest.

Aviation, Space, and Environmental Medicine 62:246-251, 1991.

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Bone density and calcium metabolism.

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Restriction of dietary salt reduces urinary calcium loss in a human space flight model. Aviation, Space, and Environmental Medicine 64:423, 1993. (Abstract)

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Suppression of the parathyroid/1,25-dihydroxyvitamin D axis during head down tilt bed rest can be prevented by exercise that loads the skeleton.

Endocrine Society Abstracts 1989. p. 470. (Abstract)

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Gravity, calcium, and bone: Update, 1989. *The Physiologist* 33(Suppl.):S-65–S-68, 1990.

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Bone, calcium, and muscle metabolism.

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Bone mineral and body composition after 30 day head down tilt bed rest. Journal of Bone and Mineral Research 3(Suppl. 1):S119, 1988. (Abstract)

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Bone mineral redistribution during head tilt bed rest.

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Reduced bone formation is measurable in the iliac crest of normal men after 7 days in a bed rest model of weightlessness.

Journal of Bone and Mineral Research 4(Suppl. 1):S233, 1989. (Abstract)

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Effects of 1-week head-down tilt bed rest on bone formation and the calcium endocrine system.

Aviation, Space, and Environmental Medicine 63:14-20, 1992.

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Evaluation of tibial bone strength by a non-invasive direct measure of its bending stiffness, EI.

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Research Facility, Life Science Division at Ames Research Center, from 1972 to 1995 are presented herein. These						
publications report findings from (a) basic research into the mechanism(s) of human short-term adaptation and						
deconditioning during exposure to short- and long-term bed rest; (b) evaluation of countermeasures for the						
deleterious effects of both shifted timing of sleep-wake schedules and deconditioning utilizing bed rest as a						
simulation for spaceflight; and (c) development and evaluation of biomedical equipment and instrumentation for						
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